Department of HUMAN SERVICES

Julie Lovelady, Interim Medicaid Director **Medical Assistance Advisory Council (MAAC)**

Summary of Meeting Minutes
October 8, 2020

Call to Order and Roll Call

Jason Haglund, Public Member and Co-Chair of the Medical Assistance Advisory Council (MAAC), called roll at 1:00 P.M. Attendance is reflected in the separate roll call sheet. Jason announced a quorum.

Approval of Previous Meeting Minutes

Jason called for a motion to approve minutes from the August 13, 2020 meeting. The minutes were approved.

Medicaid Director's Update

Julie Lovelady, Interim Medicaid Director, gave updates on the Iowa Medicaid program. Julie announced the U.S. Department of Health and Human Services (HHS) has extended the COVID-19 Public Health Emergency (PHE) another 90 days through January 21, 2021. This means that all of the waivers and flexibilities the Department currently has in place will continue at least through January 21, 2021. The Department has begun working internally and with the Managed Care Organizations (MCOs) and other stakeholders to discuss how to wind down waivers and flexibilities implemented during the PHE. Last week, HHS announced $20 Billion in new funding for providers. Applications for the new round of funding opened Monday, October 5, 2020, and will be available through Friday, November 6, 2020. This funding is open to providers that have already received Provider Relief Fund payments to apply for additional funding that considers financial losses and changes in operating expenses caused by the coronavirus.

The Department has extended the deadline for Home- and Community-Based Services (HCBS) waiver and habilitation direct service providers, substance use disorder (SUD), and mental health (MH) service providers to apply to receive a CARES Act grant from the Department to help offset the impacts of the COVID-19 pandemic. The deadline to apply is now Monday, October 19, 2020. Providers, who did not apply for funding during the first round, ending on September 11, 2020, are encouraged to apply for this new round of funding. The Department is distributing a total of $50 Million in grants to providers; $30 Million has been earmarked for HCBS providers, $10 Million for MH providers, and $10 Million for SUD providers.

CareBridge, the MCO Electronic Visit Verification (EVV) vendor, and the MCOs are on track to meet the January 1, 2021, federal requirement for EVV implementation. CareBridge along with the MCOs and the Department have been holding monthly informational meetings for

stakeholders since August 2020. These meetings give an overview of EVV and the implementation plan. These are not trainings, just informational meetings. Registration is now open for the final two informational meetings, scheduled for November 10, 2020, and December 2, 2020. In-depth EVV training has started and providers are encouraged to register online. Trainings for providers who are required to use EVV are available on many different days and times and in a variety of different ways. EVV is only required for Managed Care beginning January 1, 2021; Fee-for-Service (FFS) will continue to bill as they already do.

At the last meeting of the MAAC, the Council requested an update on how telehealth is measured by the Department. During the PHE, the Department has focused on maintaining access for typically face-to-face services through the use and expansion of telehealth. The Department is now analyzing the quantitative data available to identify priorities and patterns of use. The Department will use findings in this analysis to develop measures of telehealth quality. These measures in turn will be used to ascertain the quality and impact of telehealth services in three time-periods: telehealth services before the pandemic, what the Department implemented during the pandemic, and what the Department is considering implementing going forward. The Department is involved in peer-networking and problem solving with other states struggling with the same task. The Department is meeting with the MCOs and other shareholders to discuss what telehealth flexibilities make sense to carry forward post-pandemic. Additionally the Department is awaiting guidance from the Centers for Medicare and Medicaid Services (CMS) on some telehealth flexibilities. Julie stated the Department would welcome any guidance or input on this issue from the council.

Dennis Tibben, Iowa Medical Society, asked when the Department would make decisions about which telehealth flexibilities will be made permanent. Julie answered that while she could not provide a definite timeline, the Department is in process on making those decisions. Julie added that the next monthly COVID-19 stakeholder meeting is intended to focus on telehealth flexibilities, specifically asking for stakeholder input on what flexibilities should remain after the PHE ends.

Julie provided an update on Medicaid's role in the Return to Learn program. The Department continues to have conversations with CMS regarding the virtual learning process and what support Medicaid can provide. The Department is allowing respite providers to assist in the virtual learning process in a similar capacity to what parents would provide: helping children log on to internet, access virtual learning platforms, provide supervision, and assist with issues that may arise. The MCOs have performed targeted outreach across the state to parents who have children accessing virtual learning platforms to help establish some information about what issues parents might be having. The Department is in the process of analyzing this data, and has identified several key trends: lack of internet access, parents having to adjust work schedules, additional supervision needed while accessing virtual learning, parents having to manage multiple children virtual learning. Julie noted that many parents have stated they had no concerns and that virtual learning was going well for them. Many of the issues are out of the realm of Medicaid and

fall more into the realm of Education, but the Department continues to work with CMS to identify areas the Medicaid program can assist.

Dr. Amy Shriver, Public Member, asked how providers could help families access the respite support. Julie answered that questions or needs for assistance could be brought to her.

Managed Care Quarterly Report: State Fiscal Year (SFY) 2020 Quarter 4

Mary Stewart, Bureau Chief, Managed Care reviewed the report. This is the second report that reflects impacts from COVID-19. The Managed Care Bureau tracked the following statistics through June 30, 2020: 19,857 individuals were tested for COVID-19 through MCOs; 481 of these members tested positive for COVID-19; the MCOs reported 1,867 inpatient stays due to COVID-19; and 120 deaths related to COVID-19 were reported. Mary went on to highlight: member to coordinator ratios; MCO member grievances; secret shopper data; prior authorizations; non-pharmacy claims data; utilization of value added services; value based purchasing enrollment; financial ratios, specifically Medical Loss Ratio (MLR) for each MCO; and fraud, waste and abuse data.

Dr. Shriver noted that 44 percent of pharmacy prior authorizations were denied, and asked if the Department to investigate. Mary offered to look into this issue and respond to Dr. Shriver.

Dr. Shriver requested that data presented in quarterly reports be disaggregated by age. Shelly Chandler, Iowa Association of Community Providers, asked that information be disaggregated for Long Term Services and Supports (LTSS) as well.

Iowa Wellness Plan Annual Report

Anna Ruggle, Iowa Medicaid, presented the 2020 Iowa Wellness Plan Annual Report. Approximately 195,000 members are enrolled in the Iowa Health and Wellness Plan (IHAWP). Anna acknowledged some changes to the program in 2019: UnitedHealthcare leaving the program and Iowa Total Care coming on board; and the implementation of passive assignment, which allows members to be assigned to an MCO immediately rather than spending 30 days assigned to FFS. Anna then discussed Healthy Behaviors, completion of a health risk assessment and either a wellness exam or a dental wellness exam, noting that 17 percent of members complete the required Healthy Behaviors. Finally, Anna announced that CMS has approved Iowa's waiver extension for the Iowa Health and Wellness Plan; this extension will expire December 31, 2024.

Shelly Chandler noted the percentage of members participating in Healthy Behaviors, 17 percent, seemed low and asked what the target percentage is and what the state is doing to increase engagement. Anna answered the target percentage is 40 percent and the

Department sends out information on Healthy Behaviors. Anna noted that it is difficult to drive engagement on Healthy Behaviors with members.

Senator Joe Bolkcom observed that the IHAWP has been a success, and that the reimbursement from the federal government is an important source of funding for rural healthcare providers, especially during the pandemic.

Updates from the MCOs

Amerigroup Iowa, Inc.

John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. John began by discussing Amerigroup's response to COVID-19 and the August 10, 2020, derecho storm, including donations of Personal Protective Equipment (PPE) and charitable donations to housing non-profits and food banks around the state of Iowa. John went on to highlight the work the Anthem Foundation has done including: partnering with Count The Kicks, a non-profit dedicated to maternal-child health; a partnership with the Boys and Girls Club of America, recently adding a Council Bluffs chapter; and work with a variety of community action agencies around food insecurity and housing security.

Representative Heather Matson thanked John for Amerigroup's quick response in resolving some transportation issues for some of her constituents. John thanked the representative and announced that Amerigroup has contracted with transportation vendor Access2Care beginning October 1, 2020.

Iowa Total Care

Mitch Wasden of Iowa Total Care (ITC), presented ITC's update. Mitch began by addressing concerns regarding ITC's MLR. ITC has partnered with a third party auditor which will test claims against configuration changes, following this ITC will revisit corrective action plans and the capitation suspension ITC received earlier in 2020. Mitch moved on to discuss ITC's efforts to assist Iowans affected by the derecho storm on August 10, 2020. Mitch discussed ITC's My Health Pays Reward program, noting 110,000 members are enrolled in the program, which incentivizes members to complete healthy activities. Mitch provided an update on ITC's texting program, stating it has been a success in helping engage members. ITC has launched their own telehealth application, launched in July 2020. Mitch stated that over 50 percent of the visits scheduled through the app are on weekends or after hours. Mitch announced that ITC will launch a medication adherence program in coming months.

Open Discussion

Dr. Shriver discussed the need for high quality metrics that specifically separate information regarding children and adults.

Brandon Hagen, Iowa Healthcare Association, asked how Amerigroup plans to raise its MLR from 80.5 percent to the required 88 percent. John stated he would take that question back and work with his team to provide an answer. John pointed out that the 88 percent is not required on a quarter-by-quarter basis, but is examined on an annual basis.

Dr. Shriver raised concerns regarding the transportation provider Access2Care: the provider does not have a website that will allow members to schedule an appointment online; the provider has a policy that does allows only one parent to receive transportation with a child. Dr. Shriver also requested that the MCOs cover flu shots, and cover nebulizers more frequently than every five years.

Brandon asked if there is any concern about the accuracy of claims payments, stating he has heard concerns from Iowa Healthcare Association providers that claims payments are often inaccurate. Julie answered that accuracy of payments is important, and that the Department monitors trends around this issue. Julie cautioned that claims payment issues can arise for a variety of reasons. Brandon asked how the MCOs determine that a claims payment adjustment project has concluded. Mitch answered that the process is complex coordination between the provider and the MCOs, often involving several rounds of fine-tuning before an issue can be resolved, but once an issue is resolved payments are paid accurately going forward. Brandon offered to bring specific instances to Mitch and John offline.

Adjournment

Meeting adjourned at 2:28 P.M.

Submitted by,
Michael Kitzman
Recording Secretary
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